

Name of License Holder (as indicated on license)

Indiana Department of Revenue P.O. Box 901 Indianapolis, IN 46206-0901

CIGARETTE STAMP PURCHASES INVENTORY OF CIGARETTES AND CIGARETTE STAMPS

For the period of ______, _____

Cigarette Distributor's License#

Mailing Address

City or Town			County	County State		Zip Code		Federal ID Numb		
PURCHASES OF CIGARETTE STAMPS INVENTORY OF UNAFFIXED STAMPS										
(1)	(2)	(3)	(4)	(5)	(6)	(1)	(2)		(3)	(4)
Tax		Invoice	Value of	Number of	Gross	Tax	Value		nber of	Gross
State	Date	Number	Stamp	Stamps	Value	State	Stam		amps	Value
Inventory of Indiana					Inventory of Unstamped and/or					
Stamped Cigarettes					Out-of -State Stamped Cigarettes					
(1) (2)		(2)	(3)						# OF C	IGARETTES
# of		# of Cigarettes		Total						
Cartons		Per Carton		garettes						
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INSTRUCTIONS FOR FORM CT-11

- A. Indicate the period and year for which the return is being filed in the appropriate spaces provided.
- B. Indicate the Licensed Cigarette Distributor's name, address, license number, city or town, county, state, zip code and federal identification number in the appropriate spaces provided.

PURCHASES OF CIGARETTE STAMPS

All purchases of cigarette stamps be documented regardless which state issued the stamp.

(1) Tax State: Indicate the state from which the cigarette

stamp was purchased.

(2) Date: Indicate the date the cigarette stamps were

purchased.

(3) Invoice#: Indicate the invoice number which

documents the purchase of the cigarette

stamps.

(4) Value of Stamps: Indicate the value of the cigarette stamps

purchased.

(5) # of Stamps: Indicate the number of cigarette stamps

purchased.

(6) Gross Value: Indicate the total value of the cigarette

stamps purchased.

INVENTORY OF INDIANA STAMPED CIGARETTES

Only those cigarettes which have an Indiana cigarette tax stamp affixed to the original packages on hand at the close of business the last day of the period are to be included.

(1) # of Cartons: Indicate the number of cartons of

cigarettes which have Indiana cigarette stamps affixed to the original packages in inventory at the close of business the last

day of the period.

(2) # of Cigarettes Indicate the number of cigarettes per

per carton: carton for the cartons of cigarettes indicated

in the previous column.

(3) Total Cigarettes: Indicate the number of cartons multiplied

by the number of cigarettes per carton.

INVENTORY OF UNAFFIXED STAMPS

All cigarette stamps not affixed to original packages on hand at the close of business the last day of the period must be indicated. These stamps are to include Indiana stamps plus any other states stamp in inventory the last day of the period.

(1) Tax State: Indicate the state from which the cigarette

stamp was purchased.

(2) Value of Stamps: Indicate the value of the cigarette stamps

in inventory at the close of business the

last day of the period.

(3) # of Stamps: Indicate the number of cigarette stamps in

inventory for the value indicated in the

previous column.

(4) Gross value: Indicate the total value of the cigarette

stamps in inventory.

INVENTORY OF UNSTAMPED AND/OR OUT-OF-STATE STAMPED CIGARETTES

All cigarettes which do not have an Indiana cigarette stamp affixed to the original package are to be included in this inventory (Salable or Damaged).

Unstamped: Indicate the number of cigarettes in

inventory at the close of business the last day of the reporting period which do not have **any** cigarette stamp affixed to the

original package.

State: Indicate the State from which the

cigarette stamp was purchased.

of Cigarettes: Indicate the total number of cigarettes in

inventory at the close of business the last

day of the reporting period.